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MEDIA RELEASE

LACK OF NATIONAL ABORTION DATA MASKS TEEN BIRTHS

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THE number of babies born to teenage mothers in Australia is at an all-time low, but a lack of national abortion data muddies the reasons why and impedes the further development of meaningful sex education in schools, reproductive health care services and access to contraception, according to the authors of a Perspective published in the *Medical Journal of Australia*.

Dr Jennifer Marino, Research Fellow at Royal Women's Hospital and the Murdoch Children's Research Institute (MCRI), and Professor Susan Sawyer, Chair of Adolescent Health at the University of Melbourne, wrote that the drop in adolescent births to 10 per 1000 15-19 year-olds was "positive", "greater understanding of adolescent pregnancy outcomes, including abortion, would help shape a suite of interventions for vulnerable adolescents".

Only two Australian states publish abortion data – WA and SA. The Northern Territory collects abortion data but has not made that data public.

In New Zealand, where national data is collected and published, 36% of pregnancies to 15-19 year-olds end in abortion, consistent with the West Australian and South Australian data.

"The absence of medical abortion data precludes knowledge of pregnancy outcomes at any age, which is especially relevant in adolescents given the impact of early pregnancy on the health and wellbeing of young mothers and their children in Australia, let alone understanding access by age. Further, while abortion is generally legal here, access varies widely," Marino and Sawyer wrote.

The authors wrote that they were confident such data could be properly secured.

"SA and WA have been uneventfully collecting and publishing anonymised data since 1970 and 1998, respectively. We routinely collect data on stigmatising conditions when there is benefit to individuals or the community; information regarding potentially sensitive diagnoses (eg, cancer, infectious illnesses), surgical procedures and medications is gathered in various jurisdictions for reasons of public health or safety, and to understand trends.

"The defunding of various sexuality education programs suggests we live in an era of growing sexual conservatism. In this context, it is important to remember that access to sexual and reproductive health services for the young constitutes part of their right to health as well as being their human right," Marino and Sawyer concluded.

"Health professionals are uniquely positioned to advocate for these measures."

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